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ABSTRACT

In November 1987, a task force met to review the major organizational, structural, and policy-related issues for health care administration professionals related to the growing impact of Acquired Immune Deficiency Syndrome (AIDS) on the health care delivery system and to make recommendations on the training needs of persons within the health care administration field concerning AIDS. Representatives on the task force included health care administrators and public health professionals and educators and members of various health, hospital, and educational associations. The task force found that the AIDS epidemic is challenging a health care system that was unprepared for it. It also found that health administration professionals are often in key decision-making positions with respect to AIDS treatment, but that little systematic attention has been paid to the impact of AIDS on health services organizations and managers. It was noted current legislation does not specifically address the AIDS-related educational needs of health care manager. Key issues that the group discussed included general management, cost/financing, and legal/ethical issues related to AIDS. The task force made a number of recommendations for continuing education for health care managers. (KC)

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Task Force Report

on

HIV/AIDS

and

Health Services Administration Education

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EXECUTIVE SUMMARY

Summary of Task Force Findings on Key Issues

- The health care system crisis generated by the AIDS epidemic has crystallized many of the key cost-containment, financing, and equity issues of the U.S. health care delivery system; the existing structure was largely unprepared for the impact AIDS. The many, complex issues involved in the care of persons with AIDS challenge the ability of the health care system to respond in a humane and efficacious manner.

- Health administration professionals are often in key decision-making positions regarding the organization, financing and delivery of care to patients with AIDS, in addition to the various legal and ethical considerations which are often raised with respect to AIDS treatment. However, there has been little systematic attention paid to the impact of AIDS on health services organization and management, or on the health policy-related concerns of health managers.

- It was noted in the Task Force discussions that the major objectives of the Regional AIDS Education and Training Centers (ETCs), funded in 1987 by the Health Resources and Services Administration (HRSA) of the Public Health Service, do not specifically address the AIDS-related educational needs of health care managers.

- The major proportion of the work of the Task Force on AIDS and Health Services Administration Education involved the identification and discussion of the key issues and concerns of health managers in dealing with AIDS. The discussion was organized the following substantive areas:

  (1) General Management Issues:

  - Organizing Effective Care Setting
  - Special Needs of AIDS Patients
  - Risk Management and Safety
  - Staffing and Resource Needs
  - Reducing Staff Stress and "Burn-out"

  (2) Cost/Financing Issues:

  - The Impact of AIDS on Health Care Costs
  - Cost-effectiveness of Various Methods for Organizing and Delivering Care
  - Insurance Issues
  - The Role of Medicaid and Public Hospitals

(3) Legal/Ethical Issues:

- Confidentiality vs. Public Health Priorities
- Providers Who Refuse to Provide Care

- Health care institutions and managers need to be better prepared to deal with the complex issues of AIDS treatment and patient needs. It is important that health managers in areas of low HIV infection rates begin planning for these issues now, before a crisis situation is upon them.

Recommendations for Educational Programs

- The Task Force strongly recommends that immediate emphasis be placed on the development of effective educational approaches for training health managers with respect to the key AIDS issues for their discipline. These efforts should proceed on two levels:

  - Continuing education programs for managers
  - Within the basic curriculum of health administration programs.

- Immediate concentration should be placed on the development of continuing education programs on AIDS for those presently working in health managerial positions.

- Such programs will need to have an immediate practical benefit for administrators, and should also provide for the development of skills which will allow managers to become more effective in influencing the shaping of policy with respect to AIDS treatment. A "model" continuing education program for health managers for AIDS was discussed, and is presented in the report.

- In health administration programs and schools, AIDS issues can be used as an opportunity to expand the horizons of students, by providing education focused on the broad range of health system's issues crystallized by the AIDS epidemic. Therefore, the teaching of AIDS-related issues should be introduced into current curricula as integral to present courses.

- It is essential that health management and policy programs begin to seriously consider the issues of how much AIDS-related material should be presented to all of the students in the program through foundation and/or required courses (depending on the geographic location of the program, prevalence of HIV infection,

etc.), and how much should be available through elective courses.

- A minimum set of materials to be presented to students in programs in health administration might include the epidemiology of AIDS, the impact on costs, and ethical issues of AIDS,

- Programs should establish recommended minimum standards for AIDS-related information to be covered in their curricula, and should designate at least one faculty member to be responsible for coordinating the development of a plan for incorporating AIDS materials into curricula.

- Finally, it is anticipated that health management and policy faculty members will increasingly want to utilize case study examples of AIDS issues in their courses. It will be essential that good quality case study material for AIDS issues be developed for use by faculty in schools/programs of health administration on a timely basis.

- It is, therefore, recommended that a coordinated effort begin to assist in the development of these materials for programs in health administration. Task Force members have suggested that such efforts could be funded by the federal government, and arranged and coordinated through the Association of University Programs in Health Administration (AUPHA).

TABLE OF CONTENTS

		Page
I.	Introduction	2
II.	The Role of Health Managers in Dealing with the Challenges Presented by the AIDS Epidemic	3
III.	Present AIDS-Related Educational Efforts for Health Administration	6
	A. Continuing Education for Health Care Managers	6
	B. AIDS-Related Curriculum in Programs of Health Administration	8
IV.	Issues and Concerns of the Profession in Dealing with the Challenges Presented by the AIDS Epidemic	13
	A. General Management Issues	13
	B. Cost/Financing Issues	17
	C. Legal/Ethical Issues	19
V.	Conclusion	21
	A. Summary of Findings	21
	B. Recommendations for Educational Programs	22

Exhibits:

A.	Results From a Survey of Health Administration Programs on AIDS-Related Curriculum and Courses	10
B.	Suggested Outline for a Continuing Education Course for Health Care Managers	24

I. INTRODUCTION

On November 23, 1987 the Task Force on AIDS and Health Administration Education, sponsored by the Health Resources and Services Administration of the U.S. Public Health Service was convened in Washington, D.C. The major objectives of the Task Force were to: (1) review and discuss the major organizational, structural and policy-related issues for health care administration professionals related to the growing impact of AIDS on the health care delivery system in the U.S.; and, (2) to prepare recommendations on the training needs of persons within the health care administration field, as related specifically to AIDS.

Representation on the Task Force included health care administration and public health professionals and educators, and representatives from various health, hospital and educational associations (see Appendix). In addition, four representatives of the Public Health Service were present for all or a portion of the session.

It is estimated that there are presently between 1 million and 1.5 million people in the United States who have been infected with the Human Immunodeficiency Virus (HIV), the virus associated with the transmission of Acquired Immunodeficiency Syndrome (AIDS). The Centers for Disease Control (CDC) present projects that, as of 1991, at least 340,000 people in this country will have been diagnosed with AIDS, and that approximately 109,000 of those persons with AIDS will be alive at that time. It is also anticipated that nationally, in 1991, at least 1% of all hospital beds will be occupied by AIDS patients and that treatment costs for AIDS will consume more than 3% of the national health care budget.

AIDS, obviously, will continue to put increasing strain on health care delivery systems, especially in large urban areas which have substantial numbers of persons at high risk for HIV infection. In addition, it is likely that the stresses to the health care system, which have been created by the AIDS epidemic in urban areas, will soon become acute in other parts of the country, as the incidence of AIDS continues to grow. It is, therefore, essential that work begin on the identification of the key organizational and structural issues in health care which relate to AIDS, and on developing a framework upon which health care administrators can begin acquiring the essential knowledge and skills needed to respond appropriately.

II. THE ROLE OF HEALTH CARE ADMINISTRATION IN DEALING WITH THE CHALLENGES PRESENTED BY THE AIDS EPIDEMIC

The specific concerns associated with the medical, social service, and psycho-social needs of persons with AIDS, the public health threat posed by the spread of HIV infection, as well as the numerous financial, legal and ethical issues raised by the epidemic, challenge the ability of the health care system to respond in a humane and efficacious manner. In the face of this challenge, it is essential that health care administrators begin to gain a better understanding of the full extent to which AIDS is likely to impact on health care delivery systems in the coming years.

In many ways, the health care systems crisis generated by the AIDS epidemic crystallizes many of the major, on-going concerns of the health care industry in the U.S. : issues of cost-containment, reimbursement and appropriate levels of care, public sector financing and regulation, uninsured populations, economic and socio-cultural differences and equity/access to needed care, personnel shortages, as well as legal and ethical concerns related to terminal illness and dying. The present health care system has been completely unprepared for the impact of AIDS; public health policy-makers have been slow to react to the problem.

An important question which health care managers and policy-makers need to address with respect to the AIDS crisis is that of how much money should be budgeted to pay for the treatment and associated costs of AIDS. To plan for these cost burdens, it is necessary to have good measures, not only of aggregate costs, but also of the expected costs of specific types of providers, and the expected charges which will fall on different payers, such as federal, state and local governments, private insurers and the actual users of services.

A second important management and policy question is that of how best to treat AIDS patients. The serious reimbursement and financial implications of projected total treatment costs, as well as the social service and other support needs of persons with AIDS, have led to a general recognition of the need for the health care system to develop feasible systems of coordinated care. As such, the AIDS crisis has resurrected, and highlighted, the importance of the integration of medical and social services in the delivery of care.

It is essential that the payers of health care ensure that cost-conscious and effective medical approaches are being employed in the treatment of persons with AIDS. As new medical strategies develop, some of which are likely to be very expensive to administer, it is crucial to know the relative costs and medical impacts of the range of treatment strategies which are

available, both presently and over the coming years. A thorough knowledge by health care managers of the costs and effects of existing medical regimens and technology will allow for better decision-making concerning new treatment approaches.

Closely related to the issues of cost-effective medical treatment are the questions relating to how care for AIDS patients should be organized. Should AIDS patients be provided treatment under managed care arrangements? What are the relative roles which should be played with respect to inpatient and outpatient care? Are AIDS patients in need of acute hospital care best served in separate facilities or units, or should they be integrated into the general patient population? What should be the roles of long term care facilities, hospice care and respite care in the treatment of the various disease manifestations (and the different high risk populations) associated with AIDS? How should social services for persons with AIDS best be organized and coordinated with existing medical treatment approaches? How do existing financial and reimbursement arrangements impact upon these organizational issues and decisions?

Other managerial and policy-related questions relate to manpower planning decisions which are associated with the increase in the incidence of AIDS. On a managerial level, it is essential to be aware of how the staffing needs of health care delivery organizations may be affected by increasing numbers of AIDS patients. It is also essential for managers to be aware of the specific human resource concerns (e.g., stress, "burn-out" and fear, etc.) which are raised in caring for persons with AIDS.

A policy-related manpower issue involves the extent to which a growing demand for a range of health care providers is likely to result in personnel shortages, or aggravate already existing shortages of personnel, necessitating increases in the capacity of training programs for providers. It is, therefore, becoming increasingly important to develop reliable estimates of both manpower needs and training requirements, as well as the costs associated with these new needs.

Other key issues facing health care managers involve the serious ethical and legal considerations involved in AIDS testing and treatment. The AIDS epidemic presents a myriad of situations in which ethical considerations gain primacy. In order to effectively deal with these situations, health care managers need to be fully aware of, and sensitive to, the ethical ramifications of various types of medical decisions and treatment arrangements.

As the incidence of HIV infection continues to grow, the inherent organizational and economic problems of the existing health care structure will continue to intensify. Health care managers are often in key positions with respect to decisions on how best to organize and deliver care, and have the most urgent

needs for a broad base of knowledge regarding the spectrum of medical, financial, ethical and legal ramifications of these decisions.

Thus, it is essential that these managers, at all levels of the health care delivery system, fully understand the impact which AIDS is likely to have on the existing health care system. A firm grounding in these issues will help assure that health care managers will be prepared to be proactive in working toward reasoned and equitable solutions to the difficult problems which will continue to surface with respect to the AIDS epidemic.

III. PRESENT AIDS-RELATED EDUCATIONAL EFFORTS FOR HEALTH CARE ADMINISTRATION PROFESSIONALS

A. Continuing Education for Health Care Managers

Over the last five years, the various health and social service disciplines most impacted by AIDS (e.g., medicine, nursing, social work, etc.) have begun to acquire a fairly extensive body of relevant information about the disease. The emphases of most AIDS educational efforts in this time period have been primarily on key clinical aspects, public education and prevention, specific provider concerns regarding fears of infection and "burn-out", and the psycho-social issues of AIDS for high-risk populations.

Health care managers have not benefited to the same extent as other health-related professionals from this rapid and extensive growth of information on key AIDS issues. Until very recently, there has been relatively little systematic attention paid to the broader issues related to the impact of the disease on health services organization and management, or on the specific health policy-related concerns of health care managers.

This situation is beginning to change, however. The Task Force on AIDS and Health Services Administration Education reviewed some of the broad educational efforts currently being implemented throughout the country to address some of the more pressing managerial and organizational concerns related to AIDS. In addition to the numerous educational programs being developed by individual hospitals and other provider organizations in various locations, some of the major efforts of this kind were noted, including the following:

(1) The American Hospital Association (AHA) has developed a teleconferencing system and a series of seminars on the impact of AIDS on hospitals.

(2) The National Association of Public Hospitals (NAPH) has implemented an AIDS Committee, a sub-committee of its Education Committee. In addition, NAPH in collaboration with the American Association of Medical College's Council on Teaching Hospitals (COTH) conducted a survey of member hospitals in 1985, in order to help describe the patterns of AIDS patients and treatment represented in these hospitals. Key information from this survey was distributed in October, 1987 in The Safety Net, NAPH's quarterly publication.

(3) Group Health Associates of America (GHAA) has formed an AIDS Task Force, which will work to develop educational and other support services for its member organizations. In particular, GHAA will sponsor a conference on AIDS-related issues in early 1988.

(4) The Association of University Programs in Health Administration (AUPHA) is proposing to establish a network of regional university AIDS management education centers, based in health administration programs. The major objectives of the proposed strategy would be to: (a) assist health organizations and institutions to respond cost effectively and compassionately to the impact of AIDS, as it is increasingly felt by middle size and small communities, (b) disseminate useful experience and new information from independent demonstrations and innovations in a timely manner, (c) establish a capacity for universities to provide technical assistance to communities on the range of managerial issues created by the AIDS epidemic, and (d) to stimulate health services research into organizational issues of AIDS management.

(5) Information will be available to health services managers from the Robert Wood Johnson Foundation AIDS Health Services Program (National AIDS Demonstration Program). This program has funded demonstration projects in 12 communities, to set up community-wide, coordinated care systems for persons with AIDS.

(6) The Greater New York Hospital Association (GNYHA) has developed, and will soon implement, an educational curriculum for its member organizations (both hospitals and long-term care facilities) to provide needed information to the full spectrum of health care provider disciplines on the key issues of chronic and terminal disease. AIDS is one of the key foci of this educational program, and a curriculum has been developed specifically for the health services administration discipline.

During the discussion of the Task Force on these present AIDS-Related training efforts, it was noted that the major objectives of the Regional AIDS Education and Training Centers (ETCs), funded in 1987 by the Health Resources and Services Administration (HRSA) and the Bureau of Resources Development (BRD) of the Public Health Service, did not specifically address the educational needs of health care managers regarding AIDS-related issues. Instead, the overall focus of these ETCs is to train community primary care providers to be able to counsel, diagnose, and manage AIDS patients.

B. AIDS-Related Curriculum in Programs of Health Care Administration

In preparing for the Task Force meeting, the Health Research Program of New York University conducted a canvass of all accredited university programs in Health Administration throughout the country. The purpose of the brief survey was to begin to gather information on the extent to which issues pertaining to the impact of AIDS on health care organizations and systems have begun to be incorporated into courses and curriculum in Health Administration programs.

The questionnaire asked four, relatively simple, questions as follows:

(1) Has your program begun to incorporate into your basic curriculum specific information regarding the impact of AIDS on health management and/or policy issues? If yes, please indicate by type of course.

(2) Has your program developed "special topics" courses or seminars regarding the impact of AIDS on health management and/or policy issues?

(3) Does your program have any other specific plans to begin incorporating more information regarding the impact of AIDS on health management and/or policy issues in any courses?

(4) Do you, personally, perceive a specific need to focus on AIDS issues in any of your health management or policy courses? If so, what kinds of courses, seminars, or course enhancements do you see as being important?

Exhibit A, on pages 10 and 11, presents information on the responses from the first two of these questions.

The survey form was sent to the directors of all 50 of the accredited Programs in Health Administration in the U.S. and Canada. Of these 50, 30 returned completed forms, for a response rate of 60%. Responses to this brief survey indicate that a substantial proportion of health management programs have begun to incorporate some AIDS-related course material into their curricula. Of the programs which responded, it was reported that AIDS material has been introduced into at least one course in the curriculum in 86.7% (26) of the programs.

AIDS-related materials are most likely to have been introduced into Foundation/General courses (50%, or 15 of the responding programs), and into Legal Issues and Ethics courses (43.3%, or 13 of the programs). It was also reported that AIDS-related issues are presently being taught in Epidemiology courses

in 30% (10) of responding programs, in Human Resources/Personnel Management courses in 23.3% (7) of the programs, and in Finance/Reimbursement courses in only 10% (3) of the programs.

In addition, "Other" courses were reported to have incorporated AIDS-related materials in 30% (9) of the programs. The specific courses mentioned included the following: Hospital Policy, Hospital Administration, Strategic Planning, Long Term Care, Health Care Needs of Special Populations, Cost-of-Treatment, and Behavior.

A total of 13.3% (4) of responding programs indicated that they had developed "special topics" courses on AIDS. The specific courses mentioned included the Financial Implications of AIDS and "Health Policy." A total of 30% (10) of programs reported having provided seminars on AIDS issues to their students.

With respect to the question asking whether the programs had any other specific plans to begin incorporating AIDS-related materials into other courses, only four program directors indicated such plans. Of these four responses, Health Economics, Medical Care Organization, Financial Management and "Special Topics" were the specific courses mentioned.

A variety of responses were elicited from the question pertaining to respondents' perceptions of the need to focus on AIDS as a specific issue in course material. For those who do perceive such a need, the sample of responses included the following:

(1) "If you ... work in health care, how can you avoid AIDS as a key issue in health policy?"

(2) "Management and economic reimbursement issues related to AIDS must be included so managers can function effectively."

(3) "(AIDS) is a critical issue which warrants timely and informed response from faculty so that students go equipped with a firm knowledge base to address these very complex issues."

(4) "AIDS is the single most terrifying and destructive disease since the syphilis scourge of the 16th century. Its impact on health care costs in the 1990's could be devastating."

(5) "...AIDS discussion needs to be incorporated into the the curriculum where appropriate -- e.g., financing, health status, worker safety, etc."

Other program directors, however, had opposing views relating to the need for incorporation of specific AIDS materials into program curricula. Specific responses pertaining to this point of view included the following:

(1) "(The program doesn't) have disease focused programs or courses. Our courses stress issues of management across the entire spectrum of health care delivery."

(2) "Do not see a need to establish a course on the AIDS problem."

(3) "Not any more so than for any of a number of other critical health care areas."

(4) "We generally avoid disease or 'product' specificity."

This brief, and rather informal, survey has found that there has been a variety of responses from programs in Health Administration with regard to the development of course materials on AIDS-related issues. Directors in a substantial proportion of Health Administration programs have reported that AIDS issues are presently being presented in a variety of courses. On the other hand, there seems to be a wide diversity of opinion regarding the relative importance and/or need for specific AIDS education for health care administrators in the basic curricula of university programs.

EXHIBIT A:

RESULTS FROM SURVEY OF HEALTH ADMINISTRATION PROGRAMS
ON AIDS-RELATED CURRICULUM AND COURSES

Number of Questionnaires Sent: 50
Number of Responses: 30
Responses Rate: 60%

1. Has your program begun to incorporate specific information regarding the impact of AIDS on health management and/or policy issues? If yes, please indicate by type of course.

	Number Indicating "Yes"	Percent of Total Responses
PROGRAMS TEACHING AIDS ISSUES IN AT LEAST ONE COURSE	26	86.7
Type of Course:		
Foundation/general	15	50.0
Epidemiology	10	30.0
Human resources/ Personnel management	7	23.3
Finance/Reimbursement	3	10.0
Legal Issues	13	43.3
Ethics	13	43.3
Other	9	30.0

Type (if stated specifically):

-Hospital Policy
-Hospital Administration
-Strategic Planning
-Long Term Care
-Health Care Needs of Special Populations
-Cost-of-Treatment
-Behavior

EXHIBIT A
(CONTINUED)

2. Has your program developed "special topics" courses or seminars regarding the impact of AIDS on health management and/or policy issues?

Type of Course	Number Indicating "Yes"	Percent of Total
"Special Topics" Courses	4	13.3
Type (if stated specifically):		
-Financial implications of AIDS		
-Health Policy Courses		
Seminars	10	30.0
Type (if stated specifically):		
-Lecture by Director, Dept. of Public Health		
-Lecture by representative of San Francisco General Hospital		
-Annual lecture on Hospital Management Issues		
-Research Seminar		
-Medical School AIDS Seminar		

IV. ISSUES AND CONCERNS OF THE PROFESSION IN DEALING WITH THE CHALLENGES PRESENTED BY THE AIDS EPIDEMIC

The major proportion of the work of the Task Force on AIDS and Health Services Administration Education involved the identification and discussion of the key issues and concerns of the profession in dealing with AIDS. The discussion was organized around three major substantive areas; each substantive area included a number of specific issues as sub-topics. These major areas and issues included the following:

(1) General Management Issues:

- Organizing Effective Care Setting
- Special Needs of AIDS Patients
- Risk Management and Safety
- Staffing and Resource Needs
- Reducing Staff Stress and "Burn-out"

(2) Cost/Financing Issues:

- The Impact of AIDS on Health Care Costs
- Cost-effectiveness of Various Methods for Organizing and Delivering Care
- Insurance Issues
- The Role of Medicaid and Public Hospitals

(3) Legal/Ethical Issues:

- Confidentiality vs. Public Health Priorities
- Providers Who Refuse to Provide Care

The following sections summarize the Task Force's discussions.

A. General Management Issues

(1) Organizing Effective Care Settings:

The highest level of administration in a health care organization or facility ultimately has the responsibility for establishing effective and humane care settings for patients infected with AIDS. It is important that managers endeavor to establish "safe" environments that work to combat staff and patient fears of infection, and promote better understanding of cultural differences and issues for infected populations.

It was noted that decisions on appropriate care settings are most often influenced by existing financial mechanisms and disincentives. Current "systems" of care are reflections of previous developments relating to insurance, reimbursement mechanisms, and cost-containment strategies. With respect to much of the care necessary for AIDS patients, hospital care may

be largely inappropriate, while out-of-hospital resources and modalities may be inadequate.

Creating effective care settings in hospitals involves making decisions regarding the establishment of designated AIDS units vs. dispersing patients throughout the hospital. On one level, such decisions can be made on the basis of having a "critical mass" of patients to effectively establish and maintain designated units. However, it is also important that such decisions be made in light of the understanding of the "patient mix" in question. Administrators must be aware of the social context in which "designated unit vs. the scatter-bed approach" decisions might be made.

A "team" approach to the care of AIDS patients was advocated, in order to help respond to the special medical and other needs of infected populations, and to help reduce staff stress and burn-out. It is essential, however, that administrators be aware of the costs and organizational commitment involved in establishing a AIDS care team.

Health care administrators must also be prepared to focus on community-based services and groups, and to develop links with community groups which represent high-risk populations (e.g., gay advocacy groups, minority representative, IV drug therapy specialists, etc.). Effective administrators need to think through ways to allow such groups to be more involved in the health care delivery for persons with AIDS.

(2) Special Needs of AIDS Patients:

Because of the special needs of many AIDS patients, effective treatment approaches will require that many services, which are not traditionally the domain of hospital care, be coordinated by the hospital. With respect to discharge planning, for example, it may be necessary to coordinate decisions and services regarding housing, legal issues, child placement and adoption services, family counseling, home care, occupational counseling, bereavement counseling, etc.

It was also noted that some of the "special needs" AIDS patients' are not distinct, in kind, from the needs of other patients, but merely represent a "high volume" position on a continuum of patient needs. In many respects, the needs of persons with AIDS are similar to those of frail elderly persons or patients with other forms of terminal illness. Health care administrators should focus attention on the development of an effective long-term care system that can cope with the "special" problems of all such groups.

AIDS patients are likely to require relatively higher levels of psycho-social support than many terminally ill patients,

however, because of the stigma attached to having the disease, the high likelihood of patient alienation from their families and/or lack of informal support networks, and the fact that persons with AIDS are typically younger than most terminally ill patients. The point regarding the need to fully understand and work with the socio-cultural issues for AIDS patients was re-iterated.

It was also noted that persons with AIDS are likely to develop central nervous system malfunctions, and may present behavioral problems, requiring two to three times the average amount of nursing care.

(3) Risk Management and Safety:

The importance of maintaining effective precautions in order to prevent the spread of HIV infection to AIDS care providers cannot be over emphasized. In order to be adequately prepared to handle these issues, health care managers need an adequate level of knowledge regarding CDC guidelines for infection control procedures. It is then essential that managers assure that all personnel are trained in the prevention of the transmission of infection, and that the appropriate supplies are available to practice adequate protection measures.

It was noted that the legal issues pertaining to risk management and medical malpractice with respect to AIDS infection in hospitals have, thus far, generally been less important or prominent that might have been expected. However, the legal aspects and ramifications of assuring the safety of health care providers (and other patients) with regard to possible AIDS contagion are still developing.

(4) Staffing and Resource Needs:

Within hospitals, the "heavy" nature of the needs of AIDS patients require additional incremental staff and resources, especially with respect to nursing and psycho-social services. It was suggested that managers analyze recent studies of hospital resource usage, as it relates to AIDS, in order to help determine adequate staffing and resource need. It is also important to analyze the specific population being served by a particular facility (with respect to socio-economic status and risk group), in order to help determine staffing needs.

The AIDS epidemic is likely to reverse trends toward reduced rates of hospital admissions and lengths of stay in many areas, leading to decreased occupancy rates in acute care hospitals. In order to help contain the exceedingly high costs for AIDS treatment, the greatest staffing needs for AIDS treatment lie within non-acute care (i.e., outpatient) service arrangements.

Providing adequate levels, supervision and quality control for the staffing of such non-acute services, however, is problematic since a large proportion of the required service providers will be in the lower income brackets, and will be needed to provide services outside of the normal care settings (e.g., personal care providers, homemakers, etc.). In addition, it is likely that potential professional managers of these services will be reluctant to take jobs in such service organizations, since acute care hospitals will continue to pay higher salaries and offer greater professional prestige.

(5) Reducing Staff Stress and "Burn-out"

The issues of staff "burn-out" for AIDS care providers are similar to those for providers of patients with other long-term chronic or terminal illnesses, but are compounded by everpresent fears of infection on the part of the staff. Reluctance to care for AIDS patients may be effectively reduced by educational programs and by appealing to staff commitment regarding their professional responsibilities and obligations to served the ill.

Task Force members noted that, presently, there is no set formula for guaranteeing on-going staff commitment and energy in the treatment of patients with AIDS. Salary and benefits increases may become necessary, in order to maintain adequate staff levels and quality for AIDS treatment. In particular, the necessity for the identification of the special needs of departments and staff in the treatment of AIDS (especially as related to nursing and social work) was noted.

It was suggested that the creation of specialized treatment teams could be helpful in maintaining staff energy and morale. Such teams could provide an organized opportunity for staff to discuss all aspects of treatment, leading to a better understanding of the overall treatment and support needs of AIDS patients. Another option which could be employed to reduce staff stress and burn-out, with or without the development of a special AIDS treatment team, would include rotating staff through AIDS units, or otherwise ensuring that staff could be involved with a "mixed" caseload of AIDS and non-AIDS patients.

It was also recommended that hospitals organize an AIDS Task Force, or designate an AIDS coordinator. Such a Task Force or coordinator should be responsible for remaining current on the everchanging medical literature, for overseeing the development of in-house training programs for staff, to help coordinate the functions and activities of the different types of service providers involved in the care of AIDS patients, and to deal with the media when an unexpected or local "crisis" develops. An AIDS coordinator should be educated on post-graduate training programs

on AIDS and keep the hospital current in its staff training programs and policies.

Staff education on AIDS issues must be comprehensive and must reach the staff before a local incident inflames concerns within the staff. Workshops and training sessions should include all those who have any direct contact with patients, including nurses' aides, dieticians, and orderlies. These educational sessions should include the opportunity for care givers to express their concerns and fears, should be offered on an ongoing basis. Administrators should also see that providers and case managers (physicians, discharge planners, social workers, etc.) receive adequate training with respect to: (1) how to facilitate movement of patients between the appropriate level of care at given points in the disease process, (2) how to deal with the media, and (3) "Do Not Resuscitate" rules and implications.

B. Cost/Financing Issues

(1) Impact of AIDS on Health Care Costs

Health care managers and policy-makers are in need of better data on actual AIDS treatment costs. Presently, the data which are available on the costs of AIDS are seriously flawed in a number of ways. Most of the information has come from only a few geographic locations, those with the highest prevalence of AIDS cases. In addition, because of the exceptional difficulties involved in collecting data on HIV-infected persons, nearly all of the studies have been retrospective in nature and based on secondary analyses of data drawn largely from inpatient hospital settings. Estimates have usually been based on charges, not actual costs incurred by the provider. In addition, as was stated previously, little is known about the differential costs and effectiveness of various treatment approaches or organizational forms for care for AIDS patients.

In the face of this lack of information, health administrators will face continuing uncertainty regarding their organization's ability to provide the most cost-effective care. With respect to utilization, it is known that hospital lengths of stay are tending to decline (although there are wide regional differences with respect to the average length for AIDS patients), and that the utilization of intensive care units for persons dying of AIDS has also declined. There has been little research, however, on the impact of such changes on quality of care.

(2) Cost-effectiveness of Various Methods for Organizing and Delivering Care

It is important to remember that hospital utilization rates for persons with AIDS are likely to continue to be affected by the inadequate availability of out-patient services which might be more appropriate at various stages of the disease process. Until existing reimbursement systems are changed, patients will continue to be cared for in those settings which offer the highest likelihood for adequate reimbursement, whether or not such settings offer the most cost-effective approach to care.

In light of this reality, how can health administrators be assured that their specific institutions can survive financially? Reimbursement mechanisms for adequate levels of out-of-hospital care should be expanded promptly. Better methods of financing care for AIDS patients in skilled nursing facilities, hospice programs, and community-based programs must be developed.

(3) Insurance Risk Issues:

The AIDS crisis highlights the issue of health insurance as a key element in access to health care. The concept of screening prospective purchasers of health insurance for HIV infection threatens to undermine the concept of health insurance as a means of sharing the cost of illness across society. Already, the financial burden for the care of persons with AIDS is shifting away from private insurance to Medicaid and indigent care programs.

The complex medical, psycho-social, legal and ethical issues involved in HIV infection also raise concerns about potentially large rate increases for liability insurance purchased by health professionals and institutions providing care for AIDS patients.

(4) The Role of Medicaid and Public Hospitals

Public hospitals are likely to be inundated with AIDS patients, especially as the proportion of populations affected by AIDS tends to shift from middle-class, insured populations to poor, minority and uninsured populations. It is possible that increases in local tax burdens will be necessary, in order to support the increased demands which will be placed on public hospitals.

The impact of the AIDS crisis on state Medicaid programs is likely to be very high; because there is no uniformity in coverage (eligibility) and services offered, different state health budgets will be affected differentially. The federal government will likely maintain efforts to prevent any large increases in federal expenditures for AIDS care. Because of

limited state budgets, there may be a "ripple effect" of AIDS on other Medicaid services and programs.

It is, therefore, essential that policies and incentives which attempt to distribute the cost burdens of AIDS in an equitable manner be carefully considered and developed. With the trend toward state and local governments as the "payers of last resort" for the care of patients with AIDS, it is likely to become increasingly more important for hospital administrators and other health care managers to know how to function effectively within the political process.

C. Legal/Ethical Issues:

(1) Confidentiality vs. Public Health Priorities

The question was raised during the Task Force discussion as to whether the clash between issues of confidentiality and public health priorities is as extreme as it is typically portrayed. When should confidentiality be breached for the benefit of third parties? Presently, the persons most at risk for HIV infection are the sexual partners and needle-sharing friends of those who have already been infected. From a public health perspective, it is essential that policies and procedures be developed to encourage infected persons to receive appropriate counseling and education, and to persuade them to inform their partners and friends.

Strict confidentiality of a patient's HIV status is very difficult to achieve once the patient is admitted to a health care facility. It is hard to imagine a situation where only the patient's physician would be aware of the diagnosis of AIDS. It is important, therefore, that health care managers participate in determining decisions about who needs know about a diagnosis of AIDS for a particular patient.

Managers also must confront issues of confidentiality with respect to providers infected with the HIV virus. How should infected providers be dealt with? What are adequate rules and procedures for protecting patients and protecting a provider's right to confidentiality?

In developing such policies and procedures, health care managers, therefore, are facing and making ethical decisions everyday, whether they know it or not. Most managers are unprepared to "frame" ethical issues, and need more training in the ethical analysis of such situations.

(2) Providers Who Refuse to Provide Care

The Task Force members discussed the responsibility of providers to provide care, in much the same way that fire fighters have the professional responsibility to fight fires. Present codes and standards are sometimes in conflict; the American Medical Association has taken the stand that refusal to provide care is unethical, but the Texas Medical Association recently decided that physicians should be allowed to deny care to AIDS patients.

What are the key ethical principles involved for providers in the decision to treat/not treat AIDS patients? Do health care providers have the obligation to provide care to all who need it, and should they be dismissed or denied licenses if they refuse?

Administrative attitudes on this issue may be the central issue, not only in an ethical context, but in a pragmatic one as well. If caring for AIDS patients becomes more risky, forcing staff to provide care will not be a solution.

V. CONCLUSION

A. Summary of Findings

The "crisis" caused by the AIDS epidemic crystallizes many of the major, on-going concerns of the health care delivery industry in the U.S. : issues of cost-containment, reimbursement and appropriate levels of care, public sector financing and regulation, uninsured populations, economic and socio-cultural differences and equity/access to needed care, personnel shortages, as well as legal and ethical concerns related to terminal illness and dying.

The present health care system has been largely unprepared for the impact AIDS. The many, complex issues involved in the care of persons with AIDS challenge the ability of the health care system to respond in a humane and efficacious manner.

Health care administrators have not directly benefited, at least not to the same extent as other health-related professionals, from the recent rapid growth of information on key health care issues for persons with AIDS. Until very recently, there has been relatively little systematic attention paid to the broader issues related to the impact of the disease on health services organization and management or on the specific health policy-related concerns of health administrators.

Health care administrators are often in key decision-making positions regarding the organization, financing and delivery of care to patients with AIDS, in addition to facing the various legal and ethical considerations which are often raised with respect to AIDS treatment and testing. In the face of these challenges, it is essential that health care managers begin to gain a better understanding of the full extent to which AIDS is likely to impact on health care delivery systems in the coming years.

Hospitals, and other health care institutions, need to be prepared to deal with the complex issues of AIDS treatment and patient needs prior to beginning to admit and treat persons with AIDS. Health care managers in areas with little or no AIDS infection to date should begin planning for these issues now, and not wait until a "crisis" situation is upon them.

B. Recommendations for Educational Programs

In light of these findings, the Task Force on AIDS and Health Services Administration Education recommends that more emphasis be placed on the development of effective educational approaches for training health administration professionals with respect to AIDS issues for their discipline. These efforts should begin on two levels: (1) continuing education programs for presently practicing health administration professionals, and (2) within the basic curricula of schools/programs of health administration.

The Task Force members agreed that in the immediate future, the emphasis should be placed in AIDS education programs for those presently working in health services administration. Otherwise, the information will be too little and too late to effectively deal with the rapidly developing problems caused by the epidemic.

Such program development efforts may find it necessary to consider how best to convince health care administrators about the need for education on AIDS. With respect to pressing AIDS-related issues, health care managers will be most interested in knowing how to solve immediate problems (i.e., "what do I do next Monday morning?"). Continuing education programs need to have an immediate practical benefit for administrators; such programs should be oriented entirely from that perspective.

Task Force members discussed in some detail what such a continuing education program might look like. A suggested outline of this type of program is presented in Exhibit B (pages 23 through 25).

Such programs should provide for the development of political skills, so that administrators can become more effective in influencing the shaping of policy at the local, state, and national levels. Programs need to give strong background on the legislative experience of the particular state where the manager is working, and include discussions of the political-economic theory on which current policies are based.

In schools and/or programs of health policy and management, AIDS issues can be used as an opportunity to expand the horizons of the students, by providing education focused on a broad range of disciplines and concepts of interorganizational health systems. For example, AIDS could be used as illustrative material for teaching ethical issues or in health policy courses.

It is recommended that the teaching of AIDS-related issues be integrated into the current curriculum as integral to present courses. Task Force members agreed that the development of separate and distinct "AIDS" courses would probably not be appropriate for most programs.

However, it is important that health administration programs begin to seriously consider the issues of how much AIDS-related material should be presented to all of the students in the program through foundation or required courses (depending on the geographic location of the program, local prevalence of HIV infection, etc.), and how much should be available through elective courses. The relationship of present or potential research activities focused on AIDS issues within programs to these educational efforts should also be carefully considered. Information from such research efforts should be disseminated in some way (seminars, working papers, etc.) to all students in the programs.

The Task Force recommends that health administration programs establish recommended minimum standards for AIDS-related information to be covered in their curricula, and should designate at least one faculty member to be responsible for overseeing and coordinating the development of AIDS-related course material to be incorporated into curricula. A minimum set of materials to be presented to students in programs of health administration might include the epidemiology of AIDS, the impacts on costs, and ethical issues of AIDS.

Finally, it is anticipated that health administration faculty members will increasingly want to utilize case study examples of AIDS issues in their courses. It is, therefore, necessary that good quality case study material for AIDS issues be developed for use by faculty in programs of health administration, as soon as possible. Task Force members agreed that some kind of coordinated effort begin, to assist in the development of these materials. It was suggested that these efforts could be funded by the federal government, and perhaps arranged and coordinated through the Association of University Programs in Health Administration.

EXHIBIT B

SUGGESTED OUTLINE FOR A CONTINUING EDUCATION COURSE FOR HEALTH CARE MANAGERS ON AIDS

Assumptions Used in Course Development:

- Optimal number of program participants : 10 to 20.
- Course should be scheduled to run no longer that 12 hours in total, to be done over 2 days.
- Course would involve 5 to 6 hours advance reading.
- Initial target group for participants : senior level managers; extend program to middle level managers on "need to know" basis.
- Program should include follow-up sessions of no more than 1/2 day in length (for a total of no more than 2 days) for the year following the program.
- Development of a high quality syllabus and/or self-instruction manual would be essential.

EXHIBIT B
(CONTINUED)

Suggested Course Outline : DAY #1

1.5 hrs. General Introduction to AIDS

-Nature of epidemic

-Mode of transmission, risk behaviors

1.5 hrs. General Financial, Ethical and Legal Issues

-Likely impact of epidemic on U.S., local hospitals, communities

-Costs of AIDS treatment : what we do know, what we need to know

-Reimbursement and insurance : state and federal legislative initiatives

-Confidentiality requirements

-Ethical/legal obligations for health professionals to provide care

3 hrs. Implications of AIDS for Patients

-Lifestyles: risk-group and cultural sensitivity issues

-Effect of AIDS on:
  -psychological well-being and relationships
  -employment
  -housing
  -life/health insurance

-Problems related to confidentiality, testing, and counseling

-Developing General Educational programs
  -general publication

-risk behaviors
-ethnic groups/sensitivities
-extended/community care needs

EXHIBIT B
(CONTINUED)

Suggested Course Outline : DAY #2

3 hrs. Implications of AIDS for STAFF

-Staffing (levels, qualifications, special skills required)

-Building an AIDS team

-Staff recruitment, orientation, burn-out control

-Infection control : training, documentation, availability of needed supplies

-Staff orientation and continuing education on high risk groups

-Dealing with staff who refuse to care for AIDS patients, identifying staff rights/obligations

3 hrs. Implications of AIDS for Hospitals, Other Health Care Institutions

-Specialized units/clinics or "scatter bed" approach

-Implications of cost, finance, and reimbursement issues for the institution

-Potential impact of AIDS care on faculty's image, financing, marketing

-Potential impact of AIDS care with regard to support services (lab, x-ray, blood bank, etc.) supplies, pharmacy, medical records

-Confidentiality/legal issues with respect to patients and staff

-Public Relations/media management

-Building linkages to other institutions (extended care facilities, community and home care, local Public Health Depts., AIDS surveillance teams).